

DECLARATION AND POWER OF ATTORNEY
(Original Application)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

**MULTILUMEN CATHETER ASSEMBLY AND METHODS
FOR MAKING AND INSERTING THE SAME**

the specification of which is attached hereto and/or was filed on _____ as
Application No. _____.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to herein.

I acknowledge the duty to disclose information which is material to patentability in accordance with Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119(a)-(d), of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

FOREIGN PRIORITY APPLICATION(S)

NONE			Priority Claimed <input type="checkbox"/> Yes <input type="checkbox"/> No
(Number)	(Country)	(Day/month/year filed)	
			<input type="checkbox"/> Yes <input type="checkbox"/> No
(Number)	(Country)	(Day/month/year filed)	

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional patent application(s) listed below and have also identified below any

United States provisional patent application(s) having a filing date before that of the application on which priority is claimed:

PROVISIONAL PRIORITY PATENT APPLICATION(S)

NONE		<u>Priority Claimed</u>
		[] Yes [] No
_____ (Application No.)	_____ (Filing Date)	

		<u>Priority Claimed</u>
		[] Yes [] No
_____ (Application No.)	_____ (Filing Date)	

And I hereby appoint the registered attorneys and agents associated with **AKIN, GUMP, STRAUSS, HAUER & FELD, L.L.P., Customer No. 000570**, as my attorneys or agents with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

Address all correspondence to **Customer No. 000570, namely, AKIN, GUMP, STRAUSS, HAUER & FELD, L.L.P.**, One Commerce Square, 2005 Market Street, Suite 2200, Philadelphia, Pennsylvania 19103. Please direct all communications and telephone calls to **Lynda L. Calderone** at 215-965-1272.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

See
paper
#18

Full name of sole inventor, if any Timothy M. Schweikert

Inventor's Signature _____

Date _____

Residence Levittown, Pennsylvania

Citizenship United States of America

Post Office Address 121 North Park Drive
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Full name of second joint

inventor, if any Anthony J. Madison

Inventor's Signature _____

Date _____

Residence

Lansdale, Pennsylvania

Citizenship

United States of America

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Applicant or Patentee: **Timothy M. Schweikert and Anthony J. Madison**
Application or Patent No.:
Filed or Issued:
For: **MULTILUMEN CATHETER ASSEMBLY AND
METHODS FOR MAKING AND INSERTING THE SAME**

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(f) and 1.27(c)) - SMALL BUSINESS CONCERN**

I hereby declare that I am

- ☐ the owner of the small business concern identified below.
☒ an official of the small business concern empowered to act on behalf of the
concern identified below.

NAME OF CONCERN Medical Components, Inc.

ADDRESS OF CONCERN 1499 Delp Drive, Harleysville, Pennsylvania 19438

I hereby declare that the above-identified small business concern qualifies as a small business concern as defined in 13 CFR 121.3-18, and reproduced in 37 CFR 1.9(d), for purposes of paying reduced fees under Sections 41(a) and (b) of Title 35, United States Code, in that the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby declare that U.S. rights under contract or law have been conveyed to and remain with the small business concern identified above with regard to the invention of the above-identified patent or patent application.

If the rights held by the small business concern are not exclusive, each individual concern or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 CFR 1.9(d) or by any concern which would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

FULL NAME _____
ADDRESS _____

☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

FULL NAME _____
ADDRESS _____

☐ Individual ☐ Small Business Concern ☐ Nonprofit Organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

NAME OF PERSON SIGNING Anthony J. Madison
TITLE IN ORGANIZATION General Manager
ADDRESS OF PERSON SIGNING 1499 Delp Drive, Harleysville, Pennsylvania 19438

(DATE) 6-1-00 (SIGNATURE) Tony Madison